

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 047 ***150.00

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DOCUMENT # **P96000060234**

1. Entity Name
MARKETABLE TITLE AND ESCROW SERVICES, INC.



Principal Place of Business
**412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316**

Mailing Address
**412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316**



2. Principal Place of Business

3. Mailing Address

~~701 W. CYPRESS CREEK RD.~~
Suite, Apt. #, etc. **SUITE 303**
FORT LAUDERDALE, FL 33309

~~701 W. CYPRESS CREEK RD.~~
Suite, Apt. #, etc. **SUITE 303**
FORT LAUDERDALE, FL 33309

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0684817**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOTTFRIED, PAUL D
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

Name **Gottfried, Paul D**
Street Address (P.O. Box Number is Not Acceptable)
701 W. CYPRESS CREEK RD.
SUITE 303
City **FORT LAUDERDALE, FL 33309** FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul D. Gottfried*

DATE **04/29/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTD AMSTER, STEVEN R**
STREET ADDRESS **412 SOUTH EAST 23 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE Change Addition
NAME **PTD Amster, Steven R**
STREET ADDRESS **701 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **SUITE 303 FORT LAUDERDALE, FL 33309**

TITLE Delete
NAME **VSD GOTTFRIED, PAUL D**
STREET ADDRESS **412 SOUTHEAST 23RD ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE Change Addition
NAME **VSD Gottfried, Paul D**
STREET ADDRESS **701 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **SUITE 303 FORT LAUDERDALE, FL 33309**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
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CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *STEVEN R AMSTER*

DATE **04/29/03**

DAYTIME PHONE # **954-467-7840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)